N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

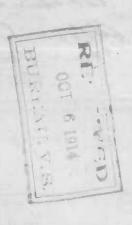
	9235	
	PLACE OF DEATH	STATE OF MARYLAND
1	Somesset	CERTIFICATE OF DEATH
	County County	Registration Dist, No. 268
,	Village or City Eals Island No. 168,	St.; Ward) [it death occurred in a hospital or institution,
	2FULL NAME Groups &	Feedleson give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH SEA TO 11.1914
1	nole While ORDIVERED ORDIVERED	(Month) (Day (Year)
6	DATE OF BIRTH	Inc. 12th 1914 to Sep 10, 1914
	1 1866	that I last saw he circualive on Selp 8 Th 1914
-	(Month) (Day (Year)	and that death occurred on the date stated above, at 6 10 m.
	48 5 1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs mos ds. OR min. ?	Ceretary Francisco
	(a) Trade, profession, or particular kind of work	
	(b) General nature of industry, business, or establishment in	20 mints
	which employed (or employer)	(Duration) yrs mos ds.
	State or country) Fala LL THE	Secondary Of The Secondary
-	10 NAME OF FATHER	(Duration) yrs mos os
	LEVU Mederson	(Signed)
	11 BIRTHPLACE OF FATHER (State or country) Eschelland Ma. 12 MAIDEN NAME)	*State the DISEASE CAUSING DEATH or in deaths from Violenm
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	a nargaret want	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
1	THE ABOVE IN THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) John Anderson	Former or
	AEAK, Veland Ful	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	DEULISLAND NO SEH 13 1814
	Filed Seft 13 1914 Les /3/ Karren	20 UNDERTAKER ADDRESS
_	Dogl feld mid. REGISTHAN	Lywebster Deolis daws
	If more blanks are needed, address State Regis	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatemeut. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfuicated thus: Nervant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Colton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foremau," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Urnemia," "Weakness," geuital," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origiu; "Cun-"Contributory." scpsis, Ictanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. Every Item of Information should be c WRITE PLAINLY, WITH

1 PLACE OF DEATH

9236

STATE OF MARYLAND CERTIFICATE OF DEATH

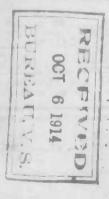
	Registration Dist. No. 2 6/
Village or City (No	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME tostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Slock Single, MARRIED, WIDDWED, ORDIVERCED (Write the word) fort Bate of Birth Left 29, 1914 (Youth) (Day (Year) Tage If LESS than	16 DATE OF DEATH (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 191
B OCCUPATION (a) Trade, profession, or particular side of work.	The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHERE: BOULD	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) State of Country Barry (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Stafe yrs mos ds Where was disease contracted, If oot af place of death? Former or usual residence.
Filed 9-30 1914 9-0 Column REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS Trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illmine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death is respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, ctc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Sentle," etc.), "Dropsy," "Exhaustlon," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under Always qualify all diseases resulting from (Recommendations on statement of Chronic interstitial nephritis. State cause for the head Never report



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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 9237 unty Somerset	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vi	Property Ameles Inne (No	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word) Widow	16 DATE OF DEATH (Mowth) (Day) (Year)
6 D A	September 2 8 , 1841 (Month) (Day) (Year)	I HEREBY GERTIFY, That I attended deceased from 1914, to 1914, That I last saw have alive on 1914.
7 AG		and that death occurred on the date stated above, at 11,150,m, The CAUSE OF DEATH* was as follows:
(a) part (b)	CUPATION Frade, profession, or Icular kind of work General nature of industry, ess, or establishment in	Circlosis Dan
9 BII	h employed (or employer) ate or country Baltimore MA.	(Duration), yrs,
ſS	10 NAME OF Joseph Newman 11 BIRTHPLACE	(Signed) A Junity My D. M. D. (Address) Bruss au 20
ARENTS	(State or country) Caltinual MA. 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country) Baltimore Ma.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informant) Sertrude Brackett Taggetal	Where was disease contracted, It not at place of death? Former or usual residence
15	Address Francies anne Ma	19 PLACE OF GURIAL OR REMOVAL DATE OF GURIAL 96
File	d. NOTE V. 191 REGISTRAR	Ellelan Amersaly
	g If more blanks are needed, address State Registrar, 6 B	C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death—Insease causing death—Insease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoris of lungs, meninges, peritonaeum, etc.. Carcine

childbirth or miscarriage, as "Puberberal septichueture of the American Medicai Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg. The contributory tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



See Instructions on back of

OF Item

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		1
C	ounty	
V	illage or City Roles (No.	1
	nema al	
	FULL NAME AARRISA	1/2
	PERSONAL AND STATISTICAL PARTICULARS	
SE	4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	e
6 D	ATE OF BIRTH MURUOWN, 189	1/
7 AC	(Month) (Day) (Year	
· A(74 yrs mos ds. ORmin.	rs.
	CCUPATION	
(a) pai (b) husi	Trade, profession, or clicular kind of work General-nature of industry, iness, or establishment in ch employed (or employer)	
(a) pai (b) husi whi	Trade, profession, or the profession or the prof	
(a) pai (b) husi whi	Trade, profession, or the profession or the prof	
(a) pai (b) husi whi	Trade, profession, or clicular kind of work. General-nature of industry, iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) 10 NAME OF	U
(a) pai (b) husi whi	Trade, profession, or clicular kind of work. General-nature of industry, inches, or establishment in chemployed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER 11 BIRTHPLACE	U
ARENTS (q)	Trade, profession, or clicular kind of work. General-nature of industry, iness, or establishment in chemployed (or employer) IRTHPLACE (state or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF 12 MAIDEN NAME OF	u
PARENTS (9) Land (4) Land (6) Land (6)	Trade, profession, or citcular kind of work. General nature of industry, iness, or establishment in che employed (or employer) TRTHPLACE Late or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF WORK (State or country) 12 MAIDEN NAME OF WORK (State or country) 13 BIRTHPLACE 13 BIRTHPLACE	
PARENTS (9) Land (4) Land (6) Land (6)	Trade, profession, or clicular kind of work. General-nature of industry, iness, or establishment in chemployed (or employer) IRTHPLACE tate or country) INDICATE OF FATHER 110 NAME OF FATHER 111 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;.....Ward)

[if death occorred in a hospital or lostitution,

Oradshour	give its NAME lostead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	38 the 1914
(Month)	, , , , , , , , , , , , , , , , , , , ,
17 I HEREBY CERTIFY, The	at I attended deceased from
and that death occurred on the date stat	ed above, st 2.30Fm
The CAUSE OF DEATH * was se follows	
Valvular less	f disease
3 4 3 3 4 4 4 4 7 4 4 4 7 4 7 4 7 4 7 4	***************************************
Contributory (Secondary)	yrs mos ds.
(Signed) (Address)	Lyrs most ds. Lusiance, N. D. Well
*State the DISEASE CAUSING DEATH, o CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT and (2) whether ACCIDEN-
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS
11-13 1320 ASC	Ten-on

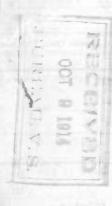
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[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease eausing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for maligchildhirth or miscarriage, as "Purpregal septichae ample: Measles (disease causing death), 29 nant neoplasms) : Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... "Contributory." dent: Revolver scound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as genital," Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Mways qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of or Homicidal, or as probably "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



BINDING FOR RESERVED MARGIN

No. 20

state Very . PHYSICIANS should OCCUPATION of statement EXACTLY. stated classified. be pinous properly AGE supplied. pg may certificate. that It 80 of on back terms, pinous plain See Instructions Information EATH In 50 0 Item PO

RECORD PERMANENT INK UNFADING WITH PLAINLY. WRITE Every Item CAUSE OF Important. 1 PLACE OF DEATH

DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

14 THE ABOVE IS

OF MOTHER

OF MOTHER (State or country)

(State or country)

(b) General nature of industry.

business, or establishment in

which employed (or employer) ...

7 AGE

ARENTS

15

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

St .:- Ward)

Ilf death occorred in a hospital or Institution. give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE. MARRIED. WIDOWED, (Write the word)

(Day

(Year

If LESS than

1 day hrs. OR min. ?

	16 DATE OF DEATH	101/
	(Month) (Day	(Year)
	17 I HEREBY CERTIFY. That I attended dece	
	, 191, to	, 191
	that I last saw h alive on	191
	and that death occurred on the date stated above, at	m
	The CAUSE OF DEATH* was as follows:	
	Hill Borne	
	(Ouration)ma	Sds
	Contributory	
	(Signed) Islias It. Warringle	\$d\$
ı	(Signed) Splias It. Haurrigh	E. M. D
-	Lept 7 - 1914 (Address) Prices De	me
	*State the Dispase Causing Drawer on In deaths from	-

[State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS)

Af place In the yrs. ___ mos. State Where was disease contracted If not at place of death?.

Former nr

nsual residence

PLACE	OF	BURIAL	OR	REMO	VAI

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," cte.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

V. S. No. 1.

N. B.—Every, item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

9240



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

.....Ward)

lif death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	**COLOR OR RACE S BINGLE, Mulouri WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw har alive on 191
TAG	yrs mos ds. OR min.?	and that death occurred on the date stated above, at 18 m. The CAUSE OF DEATH* was as follows:
(a) pai (b)	CCUPATION I Trade, profession, or the filter of the filter	Inerial arthur Tolerosis
whi	RTHPLACE (State or country Rechnered Jusama	Contributory Secondary (Doration) yrs. mos. ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Lot Suov	(Signed) Serge (O cultury, M. D. Sept 14, 1914 (Address) MARING DEATH, or, In deaths from VIOLENT
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 200 Source OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds
	Informant) Thomas Louis	Where was disease contracted, If not at place of death? Former or usual residence.
16 File	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9 UNDERTAKER ADDRESS
	REGISTRAR Of If more blanks are needed address State Paris	tree 6 E. Franklin St. Balto Boonosting V. S. No. 1

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Ileart fallure," "Ilaemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of For VIO-Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

007 6 101

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No...... lif death occurred in St.:....Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Morried (Month) (Dav (Write the word) I HEREBY CERTIFY, That I attended deceased from classified (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. OR min. ? properi BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) Jo. back PARENTS 11 BIRTHPLACE ., 191.4.. (Address).. OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAM ATH in plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ ds DEAT Where was disease contracted. if not at place of death? Former or (Intermant) OF usual residence mportant. ls! REMOVAL DATE Every 15

REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

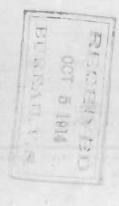
BURIAL

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debillty" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report



PHYSICIANS should state RECORD A PERMANENT stated EXACTLY. BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR AGE RESERVED of information should be carefully supplied.

* DEATH in plain terms, so that it may be instructions on back of certificate. MARGIN N. B. Every item of information should be GAUSE OF DEATH in plain terms, so

of OCCUPATION Is very

properly classified. Exact statement

Important.

S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

St.; Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WOOWED, Quellone (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
© DATE OF BIRTH Sept 26, 1914 (Month) (Day (Year)	that I last saw here alive on Sept 27, 1914.
7 AGE It LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Pamature Berth about (Duration) yrs mos 03
PBIRTHPLACE (State or country) Somesef In I 10 NAME OF FATHER Source Stocker 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER TO THE TO TH	Contributory Secondary (Duration) (Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Smissif Com 4 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lew Stalland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Mann 16 Filed 9-25, 191 4 F D. Cellum REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLOY MONIN 9-28, 191 4 20 UNDERTAKER ADDRESS Eara, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

MARGIN RESERVED FOR BINDING

S. No. 1.

N.B.

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ty Somerset

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is y	
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9 BIRTHPLACE (State or country)

10 NAME OF FATHER

ARENT

15

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

TRUE TO THE BEST OF MY KNOWLEDGE

14 THE ABOVE IS

1 PLACE OF DEATH

9245 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

Ilf death occurred in

FULL NAME Infant to			St; Ward	d) a hospital or Institution, give its NAME Instead of street and number.]
PER	SONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
3 SEX Male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	of anh	Month) 17 I HEREBY CERTIFY. Tha	2 , 191 (Day (Year)
6 DATE OF BIR		, 19/4 (Year)	that I last saw harmalive on	17 2 , 1917
7 AGE	yrs	1 day,hrs.	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profess particular kind of (b) General nature business, or est which employed (sion, or t work	>	Corresponding (Ouration)	SINI MOS. d

(Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

	At place		In the			
1	of death yrs mos	ds.	State	yrs,	mos.	ds
	Where was disease contracted,					

If not at place of death?.....

Former or usual residence

Contributory 3 Secondar

19 PLACE	OF BURIAL OR REMOVAL	DATE OF BURIAL
ne.	mania.	9-3

20 UNDERTAKER

ADDRESS

ann

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of agc. who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-



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PHYSICIANS should state of OCCUPATION IS very Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement Important. See instructions on back of certificate. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Paricle Blots (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on, 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Julymulo
(b) General nature of industry, business, or esfablishment in which employed (or employer)	(Duration) yrs. (O mos ds.
9 BIRTHPLACE (State or country)	Gontributory (Secondary)
11 BIRTHPLACE	(Signed) Charles (Address) Parket (M. D.
State or country) W 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) //	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the Of death
(Informant)	Where was disease confracted, If not at place of death? Former or usual residence
Address) Princelso time 93	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Joff-17, 191 A STULLE REGISTRAR	20 UNDERTAKEN ADDRESS ADDRESS

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puenperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg ture of the American Medical Association.] cause of death approved by Committee on Nomencia Injury, as fracture of skuff, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can etc. State cause for death), 29 Examples: For VIO-



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be DEATH in plain terms, so that it may be See instructions on back of certificate. Important.

PLACE OF DEAT	1	PL	ACI	E a	F	DEA	TI
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Village or City

County Samerset

Oriale

-(No.-

9247

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 269

_St.;___Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

²FULL NAME	Hung & m	give its NAME instead of street and number.]
PERSONAL AND STATIS	TIGAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAG	MARRIED, MARVES OR DIVORCED (Write the word)	DATE OF DEATH Seft 22, 1914 Month) (Day (Year)
DATE OF BIRTH So not	1862 (Day (Year)	Seff 13/ 1914, to Seff 22/ 1914. that I last saw how alive on Seff 32 1914
7 AGE (NO.	(Year) If LESS than 1 day,hrs. OR — min.?	and that desth occurred on the date stated above, at #m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Et I Waterway	Heart Trauble (Mitral Reporgitation) (Buration) 2 yrs mos. ds.
10 NAME OF Littlets	ale Mallor	Contributory Secondary (Diration) yrs mos ds. (Signed) , Ruby , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mainten NAME OF MOTHER 2	Oriole mo	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	Oriole Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mes. ds
14 THE ABOVE IS TRUE TO THE B	EST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) (A) Filed SY/122, 191 L)	Begner Lie MREGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Junes Arms Junes Arms
II more blank	s are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, ctc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of 'Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medicai Association. eause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mailg-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (secondary or intercurrent) "Exhaustion," For vio-



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of OCCUPATION IS PHYSICIANS RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 be IS pinous UNFADING INK-THIS AGE carefully supplied. pe may of certificate. that It 80 PLAINLY, WITH be See instructions on back terms, WRITE

3 SEX

TAGE

PARENTS

16

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employer)

should state of information should DEATH in plain terms CAUSE OF Important.

1 PLACE OF DEATH County...

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE. MARRIED.

WIDOWED, ORDIVORCED (Write the word)

(Day

4 COLOR OR RACE



(No.....

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If LESS

1 day ... OR M

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

mie	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDIC	CAL CERTIFICATE OF	DEATH
18 DATE OF DEATH	Sept-	/ 191.×
	//(Month)	(Day (Year)
17 I HER	EBY CERTIFY, That I a	ttended deceased fron
duy 26	1914 to Dept	1914
	6	
that I fast saw h	alive on	F 3 , 191 4
and that death occurr	ed on the date stated al	bove at 5 9 m
The CAUSE OF DEAT		7076, at
THE CAUSE OF DEAT	n ~ was as follows:	
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	(Duration)	.yrsds
Contributory	Ilio Colu	Cay
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	(Ouration)	yrsmosds
(Signed)	a Brail	en N.O
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9 191	(Address) Zzza	way me
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, or He	E CAUSING DEATH, or, in MEANS OF INJURY; and OMICIDAL.	deaths from VIOLENT (2) whether ACCIDEN
18 LENGTH OF RESID	ENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS
OR RECENT RESIDENT	18/	THE PROPERTY OF THE PROPERTY OF
of death yrs	mos. ds. State	yrs, ds
Where was disease contract)100,
If not at place of death?	10000	***************************************
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	LICITIONIE (OF DEATH	
18 DATE OF DEATH	cht-	1-	191
**************************************	//(Month)	(Day	(Year
17 I HEREBY (/	I attended d	
A 4	0	6+ 1	
deg 26 191		V. 1	191
that I last saw ham allve	on a	ug 31	, 191
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and that death occurred on		d above, at	
The CAUSE OF DEATH* w	as as follows:		
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	(Duration)		mos,
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Secondary	(Duration)	Vrs.	mas 7
	(Duration)	yrs	
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(Signed)	13-0	elen	٠,,١
(Signed), Sq. (Add	13-a	elen	2,1
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(Signed) *State the Disease Cau Causes, state (1) Means Tal, Suicidal, or Homicii 18 Legent Residence or Recent Residence or Recent Residence of death	Iress) Zeros Sing Death, of Injury; gal. (For Hospitale	r, in deaths i	from Vion. ther Accii
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(Signed) *State the Disease Cau Causes, state (1) Means Tal, Suicidal, or Homicin *Blength of Residence or Recent Residents) At place of death yrs. mos. Where was disease contracted, if not at place of death?	SING DEATH, OOF INJURY; EDAL. (FOR HOSPITALE in the ds. State.	r, in deaths ind (2) whet	from Viol. ther Accii
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REGISTR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstittal nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ample: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



. S. No. 1.

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Vary

County Somewest 9249

Willedge of City Asbury Dish

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No 270

_St.;....Ward)

[It death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]

of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVORCEO (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH alive on (Day (Year) 7 AGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 SIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLE T CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. __ State _____ yrs.___ Where was disease contracted. If not af place of death?... Former or usual residence. DATE OF BURIS (Address) . 15 DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive á definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of Jungs, meninges, peritonaeum, etc., Carcin-

genital," nant neoplasms); Measles; Whooping cough; Chronio injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal scptichacete., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion," Mcaslcs (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for Never report For Vio-



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1 PLACE OF DEATH Tretuly supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. County Somersit 3 SEX 6 DATE OF TAGE BOCCUPA (a) Trade, pi particular ki (b) General business, or which employ certificate. State PARENTS See instructions on bac 12 MA 13 BIF OF 14 THE AS (Informan Important. 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 262

St.;..Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Colored Sincle, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Self 2 - , 1914. (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h allve on 191
Unknown If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at m The GAUSE OF DEATH* was as follows:
d of work	Contributory Descar Harry Segondary
THPLACE FATHER ate or country)	(Signed)
THPLACE MOTHER MOTHER Ate or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
190 1914 Caforell REGISTRAR	Halls Hill Sept. 22, 1914 20 UNDERTAKER Sterenson Bood Tocomoh

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an cases, especially ln industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneamonia ("Pneumonia," unqualified, is indefinite): Theberculesis of lungs, meninges, peritonacum; etc., Garcin-

aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," theuia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily The contributory (secondary or Intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA1 important. See instructions on back of certificate.
carefully a	GAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate,
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 262 Ilf death occurred in StWard) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Day (Year) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) 7 AGE If LESS than 1 day. hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State yrs, ____ mos. yrs. mos. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Cougeuital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LEYT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of "PUERPERAL septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

		hould state
	RECORD	PHYSICIANS &
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLW. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	HIS IS A P	should be sta iy classified. E
	DING INK-T	supplied. AGE may be proper te.
	WITH UNFA	id be carefully ms, so that it back of certifica
)	PLAINLY, V	Every item of information should be carefully su CAUSE OF DEATH in piain terms, so that it mi Important. See instructions on back of certificate.
o. 1.	WRITE	N. B.—Every Item of Information sh CAUSE OF DEATH in plain t Important. See Instructions or
V. S. No. 1.		N. B.—E

PLACE OF DEATH 9252	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 760
Village or City Habrial - MNO	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deseased from
(Month) (Day) (Year)	that I fast saw h in allve on Sight 5 1914
7 AGE 20 yrs. 9 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or parficular find of work (b) Control polyter of Indiana.	Typhaid Fred
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 10 ds.
(State or country) Quantico. Md.	(Secondary) (Duration) (Duration) (Duration) (Duration)
11 BIRTHPLACE 11 BIRTHPLACE 12 OF THE PLACE 12 OF THE PLACE 13 NAME OF FATHER 14 PLACE 15 PLACE 16 PLACE 17 PLACE 17 PLACE 18 PLACE 18 PLACE 19	(Signed) Jeliu F. Ruby. M. D. Suft 5/1914 (Address) Oriale mb.
OFFATHER (State or country) Princes Musee Min	State the DISEASE CAUSING DEATH, or, in deaths from VioLent CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Princes and Miles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.
(Informant).	If not at place of death? Former or usual residence
Hed Rept 1 1914 Smith REGISTRAR	19 POCE OF BURIAL OR BEMOVAL PAULIS ALL 20 UNDERTAKER BOWLING PAULIS PAUL
If more blanks are needed, address State Registrar, 6 H	I. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as it should he used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return ". Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology.

cause of death approved by Committee on Nomencla-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways quality all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 5 1914 BY ASPENTANCES

County Domerset	Registration Dist. No. 268
Village or City DEOls Island (No. 164, 2FULL NAME William Z	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nole while of BIRTH 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH 4 COLOR OR RACE 6 DATE OF BIRTH 6 DATE OF BIRTH 6 DATE OF BIRTH	16 DATE OF DEATH Aionth) (Day (Year) 17 I HEREBY CERTIFY, That Lettended deceased from the company of the comp
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at Sun The CAUSE OF DEATH+ was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Jalue Jack
10 NAME OF FATHER LIVIE L. Shares 11 BIRTHPLACE OF FATHER (State or country) Deals Island M. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country) DEOLS Island 14 THE ABOVE S PUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos d Where was disease contracted,
(Interment) Robert & Shares & (Address) Early Island Mil	If not at place of death? Former or USUAl residence. 19 PCACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS.
Filed REGISTRAR	To Globeles Deals Island
If more blanks are needed, address State Regist:	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

9253

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal essary to know (a) the kiud of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould he taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in mauy "Foreman," (4)

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

themia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can "Contributory." sepsis, tetanus) may be stated under the head of iujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "luanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debllity" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary). 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of "Exhaustion," Ex



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Village or Gity Chance (No. 16)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2-68 [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
2FULL NAME UNA Sho	Yess of stock and democraty
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 (HEREBY CERTIFY, That I attended deceased from
TAGE Month) (Day (Year) 1 day,hrs. ORmin.?	that I last saw h. A. alive on Self (9, 1914, and that death occurred on the data stated above, at 0 Pm. The GAUSE OF DEATH* was an followa:
© OCCUPATION (a) Trade, protession, or particular kind of work	(Duration) yrs. mos. ds.
10 NAME OF FATHER OF Shores 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Oxamotion Secondary (Ouration) yrs Mos ds. (Signed) P. Simples or M. D. Sept 19, 1914 (Address) le hance Md.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	A State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTALS, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place in the in the ds. State yrs, mos, ds Where was disease contracted, it not at place of death?
(Informant)	Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

ness of various pursults can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary, may be entered as fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Measles valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma." "Convulsious," "Debility" ("Conthemia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of Aceidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Scuile," etc.), "Dropsy," (Recommendations on statement of (discase causing death), 29 State cause for "Exhaustion,"



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RECORD PERMANENT UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH	
County Someset	9255
Village or City Crusful	of No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Harfor Co- ma (Intermant) (Address) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MAX KNOWLEDGE (Address) (Address) (Address) (Address) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) (Intermant) (Address) (Address) (Address) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) (Intermant) (Address)	FULL NAME Villiam Juris S	St.; Ward) [If death occurred late a hospital or institution, give its NAME instead of street end number.]
March Black (West) DATE OF BIRTH March 28, 1909 (Month) (Day (Year) TAGE If LESS than 1 day,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH March 28 1909 (Month) (Day (Year) TAGE If LESS than 1 day	MARRIED, WIDOWED, CHARLY	(Month) (Day (Year)
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE SET OF MY KNOWLEDGE (Informant) (Address) (Address) 15 MAGE OF BURIAL OR REMOVAL (Address) 16 DEATH ** WAS as follows: (Duration) 17 NAME OF FATHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 NAME OF FATHER (State or Country) 10 NAME OF FATHER (State or Country) 11 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF FATHER (State or Country) 13 BIRTHPLACE OF MOTHER (STATE COUNTRY) 14 THE ABOVE IS TRUE TO THE SET OF MY KNOWLEDGE (Informant) (Address) 15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	March 28, 1909 (Month) (Day (Year)	ang 22, 1914 to Soft 1, 1914
(e) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE ERST OF MX KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Duration) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Duration) (Duration) (No. Dearly (Address) (Address) (Duration) (Duration) (Duration) (Signed) (Address) (Signed) (Duration) (No. Dearly (Address) (Address) (Duration) (Duration) (Duration) (Duration) (Signed) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Duration) (D	1 day hre	
Signed Of Employer (Or Employer) Secondary Contributory Secondary Secondary Contributory Secondary Contributory Secondary Secondary Contributory Secondary Secondary Contributory Secondary Secondary Contributory Secondary S	(e) Trade, profession, or particular kind of work (b) General nature of industry,	
(Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MAX KNOWLEDGE (Interment) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (N. D (Address) (Address) (Signed) (Address) (N. D (Address) (N. D (Address) (Address) (Address) (Signed) (Address) (Address	9 BIRTHPLACE (State or country)	Contributory Intolin Q Hormonagen Secondary
13 BIRTHPLACE OF MOTHER (State or country) Harden Co may knowledge (Informant) (Address) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENCE) (In the above is true to the best of may knowledge (Intermant) (Address) (Address) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENCE (FOR HOSPITALS) (FOR HOSPITAL	FATHER Schrey Sullare 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed), Q., M. D. Sep. 3, 1914 (Address) C., J., M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
(Intermant) (Address)	13 BIRTHPLACE OF MOTHER (State or country) Harding (Com)	At piace in the of death yrs mos ds. State yrs mos ds
16 Sawsonia Sup 3 ,1914	(Interment) Propry Survivous	If not at place of death? Former or Usual residence
REGISTRAR Registrar Revision Cristical Cristical Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.	Filed 191 REGISTRAR	Selw Jania Sep 3 ,1914 20 UNDERTAKER ADDRESS B J Holama Grisfield

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease.can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Accidental drowning; Struck by railway train-acciacceptivill, sticidal, or homicidal, or as probably is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT B.—Every Item of Information should be carefully su CAUSE OF DEATH in plain terms, go that it mi Important. See instructions on back of certificate. 1 PLACE OF DEATH

9256	STATE OF MARYLAND
	CERTIFICATE OF DEATH

Registration Dist. No. 270

IVARIACI OCI	VII	שושנ.	110,

....St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of steet and number]

FULL NAME Tyl	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2 , 1914 (Month) (Day (Year)
O DATE OF BIRTH Satt 21 ((Month) (Day (Year)	that I last saw h & alive on side to the saw
7 AGE Vied in where If LESS than 1 day,	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Sing the the
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds
State or country) Somerate Co	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER OF THE TOTAL	(Signed) OSOR FOR M. D. Att 2 191 (Address) Cushing
OF FATHER (State of country) Secretary 12 Maiden Name of Mother	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Sement Charles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Jacobs	19 PLACE OF BURIAY OR REMOVAL DATE OF BURIAL + MUNICY PRINCE Sept. 1. 1914
Filed 24 191 C O COLLEGE REGISTRAR	20 UNDERTAKE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association i

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Deaier," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ili-Housewife, Housework, or At Home, and children, not who receive a dcfinite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasles (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUTE

V. S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

[it death occurred to

FULL NAME William J.D.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OB RACE Saingle, Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from Sept 15 1914, to Sept 2 1914, that I leat saw has alive on Sept 2 0 1914
7 AGE It LESS than 1 day,hrs. OR min.?	snd that desth occurred on the date stated above, at #P m, The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry,	Parulysia
business, or establishment in which employed (or employer)	Contributory Server des.
(State or country) 10 NAME OF FATHER Eliska 9 Ward 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, ' If not at place of death? former or usual residence.
(Address) Custiff 16 Filed Sept 1914 & Colleins REGISTRAR If more blanks are needed address State Registrar	DATE OF BURIAL OR REMOVAL Ospury Cernetary 20 UNDERTAKER Lawson Par, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



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BOCCUPATION

9 BIRTHPLACE

PARENTS

16

(a) Trade, profession, or

particular kind of work.

(b) General nature of industry, business, or establishment in

(State or country)

11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER

(State or country 12 MAIDEN NAME OF MOTHER

OF MOTHER (State or countr

10 NAME OF FATHER

which employed (or employer)

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No St.:---Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OF RACE DATE OF DEATH MARRIED. WIDOWED. Month) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Da (Year) 7 AGE if LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ?

(Day (Year) That I attended deceased from and that death occurred on the date stated above, at Secondary *State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the State yrs. __ yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence OR REMOVAL DAFE OF BURIA 20 UNDERTAKER DDRESS

[if death occurred in

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defluite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applles to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless luportant. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Seuile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN	-Every item of information should be earefully supplied. AGE should be stated EXAC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stat important. See instructions on back of certificate.
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STATE OF MARYLAND

PLACE OF DEATH 9261	STATE OF MA	RYLAND
County	CERTIFICATE C	F DEATH
0	Register	ed No
Village or City (No. ,	st; Ward	It death occurred in a hospital or institution give its NAME losteau et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) 17 HEREBY CERTIFY, That i	(Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	L. V. IA. SI	Y. Z. p. 191
TAGE it LESS than 1 day,hrs. ORmin.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated The CAUSE OF DEATH* was as follows: (Buration)	above, at
9 BIRTHPLACE (State or country) Ewell, M.J.	Contributory(Secondary)	yrsdsds
10 NAME OF FATHER OUL C. TILLOUNG	(Signed), 191 (Address)	AMOTTO, W. D.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place In the of death	INSTITUTIONS, TRANSIENTS,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.	
(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed191	20 UNDERTAKER	ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionacum, etc.. Carcinosciis of lungs, meninges, persionacum, etc.. Carcinosciis

cause of death approved by Committee on Nomencia such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Tuenperal peritonitis," etc. State cause for childblrth or miscarriage, as "Puerperal scottchacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anacmia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronio ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (name origin; "Can-"Exhaustion," Examples: For vio-



RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very EXACTLY. Every Item of Information CAUSE OF DEATH In plain Important. m

9259 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

St.;....Ward)

[If death occurred in a hospital or institution.

	FULL NAME	Welleans give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	Shale Block Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D.	ATE OF BIRTH S. 14 , 1914 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Left 19 1914 to Sept 19 1914 that I last saw har alive on Sept 19 1914
	yrs	and that death occurred on the date stated above, at
(a) pa (b) bus	CCUPATION) Trade, profession, or riticular kind of work	Ocad when I Just David (Odration) yrs mos ds
9 8	(State or country)	Contributory Secondary (Doration) yrs mos de
	10 NAME OF ROOK Williams	(Signed) La Bace, M. C
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violens Causes, state (1) Means of Injury; and (2) whether Acciden Tal, Suicidal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted.
	(Informant) K	if not at place of death? Former or usual residence
16	(Address) Mingston 2006	Watters Chape 9-20-, 191.
	9-19- my 1/1/1/1/11	20 UNDERTAKER () ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

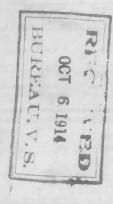
awhidon

[Approved by U. S. Consus and American Public Health Association.]

cated thus: applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgiu; "Cancause of death approved by Committee on Nomencia-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report



PERMANENT BINDING FOR Ш ESERV UNFADING Œ MARGIN WITH WRITE PLAINLY

S. No.

RECORD

PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE widowed or divorced (Write the word) DATE OF BIRTH classifled. (Month) (Day (Year) 7 AGE It LESS than properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in which employed (or employer) that it ma 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0.0 ARENTS 11 BIRTHPLACE pinous OF FATHER (State or country) plain 12 MAIDEN NAME instructions OF MOTHER 0 드 13 BIRTHPLACE OF MOTHER (State or country) of inform CAUSE OF Important. S (Intermant) (Address) 16 COCAP REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

St.;....Ward)

[If death occurred to a hospital or Institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH	
6 DATE OF DEATH	Sold 27 1914
***************************************	(Month) (Day (Year)
17 L I HER	EBY CERTIFY, That I attended deceased from
May	1014 Sept 27 1016
***************************************	191, 10
hat I last saw h	relive on Stefet 76, 1914
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he CAUSE OF DEAT	TIP* was as follows:
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Sept 27, 1914	1 (Address Muses Buck
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*State the DISEAS CAUSES, State (1) TAL, SUICIDAL, OF H 18 LENGTH OF RESIDEN At place of death yrs, Where was disease contract if not at place of death? Former or usual residence	(Address)
*State the DISEA: CAUSES, State (1) TAL, SUICIDAL, OF H 18 LENGTH OF RESIDEN At place of death	(Address) SE CAUSING DEATH, Or, in Menths from VIOLE MEANS OF INJURY; and (2) whether Acciding the Means of Injury; and (2) whether Acciding to the Means of Injury; and (2) whether Acciding the Means of Injury; and (3) whether Acciding the Means of Injury; and (2) whether Acciding the Means of Injury; and (3) whether Acciding the Means of Injury; and (4) whether Acciding the Means of Injury; and (2) whether Acciding the Means of Injury; and (3) whether Acciding the Means of Injury; and (4) whether Acciding the Means of In

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